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TO: EXAMINER MEDINA IBRAHIM
FROM: VIRGINIA DRESS
RE: U.S. PATENT APPLICATION SERIAL NO. 09/589,510
ATTORNEY DOCKET NO. 1121E
DATE: 11/14/03 FAX NUMBER: (703) 872-9307
NUMBER OF PAGES FOLLOWING THIS SHEET: 2

TRANSMISSION INCLUDES THE FOLLOWING:

Transmittal Form (1 Page)
Non-Fee Amendment/Response After Notice of Allowance (1 Page)

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

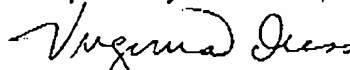
First Named Inventor : Pramod B. Mahajan
Application Number : 09/589,510
Filing Date : 06/07/2000
Title : RuvB Orthologues and Uses Thereof
Group/Art Unit : 1638
Examiner : Ibrahim, Medina Ahmed
Attorney Docket Number : 1121E

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NON-FEE AMENDMENT
RESPONSE AFTER NOTICE OF ALLOWANCE

In response to the Notice of Allowance and Examiner's Amendment of October 3, 2003, Applicants note a discrepancy between the Notice of Allowability (Form PTO-37) and the Examiner's Amendment. The Notice indicates claim 16 is allowed, while the Examiner's Amendment indicates claim 16 is deleted. In the telephone interview (09/15/03), Applicant's representative agreed to the cancellation of claim 16 in order to expedite allowance. Applicant maintains the rights to pursue claim 16 in a continuing application.

Respectfully submitted,



Virginia Dress
Agent for Applicant(s)
Registration No. 48,243

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PTO/SB/21 (35-03)

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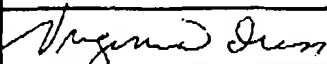
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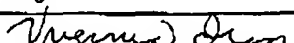
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/589,510
		Filing Date	06/07/2000
		First Named Inventor	Pramd B. Mahajan
		Art Unit	1638
		Examiner Name	Ibrahim, Medina Ahmed
Total Number of Pages in This Submission	2	Attorney Docket Number	1121#

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Virginia Dress
Signature	
Date	November 14, 2003

CERTIFICATE OF MAILING

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Typed or printed name	Virginia Dress		
Signature		Date	November 14, 2003

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